10/087,541

PTO/SB/06 (08-03)
Approved for use through 7/31/2006. OMB 0651-0032

PATEN	N RECORD	Omiscon uni	icia, U.S. DEPARIMENT OF COMMERCE ss it displays a valid OMB control number.  Application or Docket Number					
CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED		NUMBER EXTRA		RATE	FEE	1	RATE	FEE
BASIC FEE (37 CFR 1.16(a))					5	1	RAIE	FEE
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20	, =		x \$=	<del>'</del>	OR OR	X \$_ =	-
INDEPENDENT CLAIMS (37 CFR 1.18(b))	minus 3			X \$ =		1		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+5 =		OR	X \$=	
"If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL		1	+5	
1 1	AS AMENDED			10122		OR	TOTAL	
<del></del>	Column 1)	(Column 2)	(Column 3)	SMALL E	NTITY	OR	OTHER SMALL	THAN
R	CLAIMS EMAINING AFTER ENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	9 Minus	2000 ·	= /	x s_ =	FEE			FEE
Z Independent (37 CFR 1,18(b))	4 Minus	··· 4	=/	x s =		OR OR	X \$= X \$=	
FIRST PERENTATION	OF MULTIPLE DEPENDE	NT CLAIM (37 CP	R 1.16(d))	+ 5 =		OR	+, =	
6/200				TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE	
CO RE	Omn 1) CLAIMS MAINING AFTER ENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI- TIONAL FEE	7	RATE	ADDI- TIONAL FEE
Total (37 CFR 1.18(c))  Independent	Minus	<u> 40</u>		x 5		OR	x \$_=	
Z independent (37 CFR 1.16(b))	Minus	$\varphi$	4	X 8=		OR	x s=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0))				+ <b>s</b> =	]	DR	+ \$=	
				TOTAL ADD'L FEE		OR	ADDI FEE	
	olumn 1)	(Column 2)	(Column 3)	•			, \	
O RE	ZLAIMS MAINING VFTER ENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
AME  Total (37 CFR 1.18(c))  Independent (37 CFR 1.18(b))	Minus	20	-	x s=	FCE	OR	X \$_ =	FEE
Z Independent * LI (37 CFR 1.18(5))	Minus	φ	-	x s_ =		OR	x s =	
FIRST PRESENTATION	OF MULTIPLE DEPENDEN	IT CLAIM (37 CFR	t 1.16(d))	+: :		OR OR	+ 5 =	
				TOTAL ADD'L FEE		OR I	TOTAL ADO'L FEE	
* If the entry in column ** If the "Highest Number	t is less than the entry in Previously Paid For It Previously Paid For It	N THIS SPACE 10	lace then 20 at			U.N.	TOUR L	——

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Zeta